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	TRANSMITTAL FORM	Application Number	10/661,103
		Filing Date	September 12, 2003
		First Named Inventor	Gary W. CLEARY
		Art Unit	1615
		Examiner Name	David L. VANIK
Mail Stop	Amendment	Attorney Docket Number	2335-0008.22

ENCLOSURES (Check all that apply)

<input type="checkbox"/> No fee due <input checked="" type="checkbox"/> Fee(s) due: \$640.00 <input checked="" type="checkbox"/> Check enclosed <input type="checkbox"/> Charge Deposit Account No. 18-0580 <input type="checkbox"/> 37 CFR § 1.16 <input type="checkbox"/> 37 CFR § 1.17 <input checked="" type="checkbox"/> The Commissioner is authorized to charge any underpayment or credit any overpayment to Deposit Account No. 18-0580 <input checked="" type="checkbox"/> Return postcard <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) - ___ Affidavits/declaration(s) <input checked="" type="checkbox"/> 3-Month Extension of Time	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Information Disclosure Statement & PTO-1449 Form(s) <input type="checkbox"/> Cited reference copy(ies) <input type="checkbox"/> Response to Missing Parts / Incomplete Application <input type="checkbox"/> Declaration(s) by Inventor(s) <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Updated Application Data Sheet <input type="checkbox"/> Drawing(s) - ___ Sheets <input type="checkbox"/> Compact Disk(s) - ___ CD(s) <input type="checkbox"/> Petition <input type="checkbox"/> Power of Attorney & Address Indication Form	<input type="checkbox"/> Revocation of & New Power of Attorney, Address Indication Form <input type="checkbox"/> Request for Refund <input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Claim Count <table border="1"> <tr> <td>Total Claims</td> <td>59</td> </tr> <tr> <td>Independent Claims</td> <td>2</td> </tr> </table>	Total Claims	59	Independent Claims	2
Total Claims	59					
Independent Claims	2					

REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name (print/type)	Flavio M. Rose, Reg. No. 40,791 Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.	Telephone	(650) 251-7700
Signature		Date	August 17, 2006

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Name (print/type)	Katherine Stofer		
Signature		Date	August 17, 2006



FEE TRANSMITTAL for FY 2005

Effective 10/01/03. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT \$640.00

Complete if Known

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Group Art Unit	1615
Attorney Docket No.	2335-0008.22

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account No.	18-0580
Deposit Account Name	Mintz Levin

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Charge any underpayment or credit any overpayments

☐ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING, SEARCH AND EXAMINATION FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	790	2001	395	Utility filing fee (filed on or before 12/8/04)	
1011	300	2011	150	Utility filing fee (filed after 12/8/04)	
1111	500	2111	250	Search Fee	
1311	200	2311	100	Examination Fee	
1081	250	2081	125	For each additional 50 sheets exceeding 100	

SUBTOTAL (1) \$

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	- 83** =	x	=
Multiple Dependent	- 8** =	x	=

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	50	2202	25	Claim in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple dependent claim, if not paid
1204	200	2204	100	** Reissue independent claims over original patent
1205	50	2205	25	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	120	2251	60	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	510.00
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	500	2452	250	Petition to revive - unavoidable	
1453	1,500	2453	750	Petition to revive - unintentional	
1501	1,400	2501	700	Utility issue fee (or reissue)	
1502	800	2502	400	Design issue fee	
1503	1,100	2503	550	Plant issue fee	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	790	2809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	790	2801	395	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
1814	130	2814	65.00	Statutory Disclaimer	
Other fee (specify) Processing Fee Under 37 CFR§ 1.71(g)(2)					130.00
*Reduced by Basic Filing Fee Paid					
SUBTOTAL (3)					\$640.00

SUBMITTED BY

Name (Print/Type)	Flavio M. Rose	Registration No. (Attorney/Agent)	40,791	Telephone	(650) 251-7700
Signature		Date	August 17, 2006		